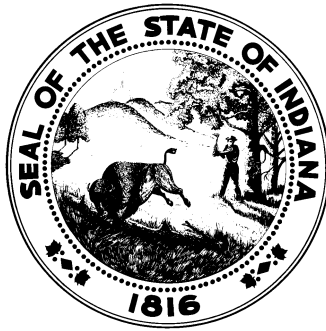


Excess Liability Trust Fund

RISC Application



Indiana Department of Environmental
Management
PO Box 7015
Indianapolis, IN 46207-7015

www.state.in.us/idem/olq/programs/eltf



RISC APPLICATION

State Form 50028 (2-01)

TO BE COMPLETED BY IDEM

Date submitted (month, day, year)

ELTF control number

INSTRUCTIONS: To be submitted when applying for RISC reimbursement requests and RISC resubmittal applications. For detailed instructions on completing the application forms, please see the instructions beginning on page 1 of the application package. Note: Applications will not be processed that contain incomplete information (all fields on this application must be completed) or do not contain the required forms/pages as described in the instructions for completing the application.

Underground storage tank registration fee: Attach copies of payment receipts for all fees paid.

TO BE COMPLETED BY APPLICANT

SECTION 1 - APPLICANT INFORMATION *(applicant must be the responsible party)*

Name of applicant

Mailing address of applicant *(number and street, city, state, ZIP code)*

Federal Tax ID number

Applicant telephone number *(with area code)*

Owner ID number

USTs at facility

USTs Registered by Owner

Name of contact person

Title of contact person

Contact telephone number *(with area code)*

Is there private insurance to cover this release?

☐

Yes

☐

No

Name of insurance company

Policy number

SECTION 2 - SITE INFORMATION

Facility identification number

Date incident reported to IDEM *(month, day, year)*

LUST incident number

Name of facility

LUST project manager

County where facility is located

Address of facility *(NOTE: enter a physical address. P.O. Box numbers should not be used.)*

SECTION 3 - REQUEST INFORMATION

Request covers work performed during the following period *(month, day, year)*

From:

To:

Identify the type of RISC claim application:

☐

Initial RISC claim application (This is your first RISC request for payment from the ELTF.)

☐

Subsequent RISC claim application (One or more RISC claims have been submitted to the ELTF. None of the costs requested in this claim application have been previously submitted.)

☐

Resubmittal of Denied RISC Costs (A reimbursement application for RISC work has been reviewed by IDEM. This claim consists of RISC costs previously denied. In order to have denied costs reevaluated, you must submit a separate resubmittal application for each claim, the amount of the original request, and the date of the decision letter sent by IDEM. New costs submitted with resubmittal applications will not be evaluated. You must submit new costs in a subsequent claim application.)

Original Amount Requested \$

Date of IDEM Decision Letter:

☐

Complete RISC Claim Resubmittal (A RISC claim was submitted to IDEM and was denied in full. In order to have a previously denied claim reevaluated, you must submit a separate resubmittal application for each claim, the amount of the original request, and the date of the decision letter sent by IDEM. You do not need to resubmit invoices and supporting documentation. You should submit copies of the pay requests previously submitted, a copy of the IDEM Decision Letter, and a letter explaining why your claim is now eligible for reimbursement from the ELTF (with supporting documentation). New costs submitted with resubmittal applications will not be evaluated. You must submit new costs in a subsequent claim application.)

Original Amount Requested \$

Date of IDEM Decision Letter:

Type of eligibility to the ELTF *(check one):*

☐

Emergency response *(Attach a completed "Confirmation of Emergency Response Status" form signed by your IDEM project manager.)*

☐

Site characterization performed in accordance with the UST Guidance Manual *(Please provide a copy of the letter from IDEM stating that the site is fully characterized.)*

☐

Approved CAP *(If IDEM has approved a CAP for this site you must submit evidence of approval.)*

☐

No further action required *(You must provide a copy of your "No Further Action" letter from the IDEM LUST section.)*

☐

Site conditions do not warrant preparation of a CAP *(You must provide documentation that IDEM has determined that a CAP should not be prepared. Please contact the IDEM LUST section.)*

Enter the total costs from the attached "Pay Requests"

\$



RISC APPLICATION

State Form 50028 (2-01)

TO BE COMPLETED BY IDEM

Date submitted (month, day, year)

ELTF control number

TO BE COMPLETED BY APPLICANT (continued)

SECTION 4 - DEDUCTIBLE

Pursuant to IC 13-23-8-3 all ELTF claims are required to pay a Deductible prior to reimbursement. Check which of the three deductible levels applies to this site:

- ☐ The UST involved in this occurrence is NOT in compliance with EPA regulations, rules adopted by the Solid Waste Management Board, and rules adopted by the fire prevention and building safety commission concerning technical requirements relating to the physical characteristics of USTs before the date the tank is required to be in compliance; AND is in compliance on the date required under the eligibility requirements in IC 13-7-20-33(d) at the time a release was discovered. The deductible is \$35,000.
- ☐ The UST involved in this occurrence is in compliance with EPA regulations, rules adopted by the Solid Waste Management Board, and rules adopted by the fire prevention and building safety commission concerning technical requirements relating to the physical characteristics of USTs before the date the tank is required to be in compliance; AND is NOT a double walled UST with piping. The deductible is \$30,000. **Please submit proof of compliance. You must also attach a summary of your upgrade status for all regulated USTs at this location and submit State Form 45223 "Notification Form for Underground Storage Tanks".**
- ☐ The UST involved in this occurrence is in compliance with EPA regulations, rules adopted by the Solid Waste Management Board, and rules adopted by the fire prevention and building safety commission concerning technical requirements relating to the physical characteristics of USTs before the date the tank is required to be in compliance; AND is a double walled UST with piping. The deductible is \$25,000. **Proof of compliance must be submitted. You must submit explicit documentation demonstrating that the involved UST was double walled with piping. You must also attach a summary of your upgrade status for all regulated USTs at this location and submit State Form 45223 "Notification Form for Underground Storage Tanks".**

SECTION 5 - PAYMENT

Complete this section if you want a joint check issued from the ELTF. The check will be issued to the applicant and the party listed below. The check will be mailed to the claimant.

Name of second party for joint check (if applicable)

Federal Tax ID number of second party

Name of party that incurred remediation expenses (the claimant or the second party of joint check):

I swear or affirm under penalty of perjury, to the best of my knowledge and belief, that these statements are true and accurately represent the conditions around the site in question. I understand that pursuant to Indiana Code 13-7-20-27, IC 13-7-13-1 and IC 13-7-13-3 I may be subject to criminal and civil penalties for submitting false and/or inaccurate information on this application.

Signature

Date signed (month, day, year)

Printed name

Title

RISC APPLICATION INSTRUCTIONS

PART 1 - THE RISC APPLICATION FORM - STATE FORM 47139 (R/7-99)

Underground storage tank registration fee: You must show proof of payment for all tank fees you have been assessed. *You must enclose copies of UST fee receipts or copies of your cancelled checks for all years since the tanks were registered.*

SECTION 1 - APPLICANT INFORMATION

Name of applicant: The applicant name must be the name which appears on the "Underground Storage Tank Registration" as the owner or operator of the USTs.

Mailing address: This address must be the current mailing address. All correspondence from IDEM regarding this claim will be mailed to this address. Please be sure to include the ZIP code.

Federal Tax ID number: The applicant's Federal Tax ID number

Applicant telephone number: Use the telephone number where the applicant can be reached during working hours.

Owner ID number: This number is the number assigned to the owner or operator by the Underground Storage Tank section.

USTs at facility: Please list the number of Regulated USTs at the facility.

USTs Registered by Owner: Please list the number of USTs registered under the owner ID number (at all facilities/sites).

Name and title of contact person: This section should be filled out with the name of the person IDEM staff should contact concerning questions about the claim.

Contact telephone number: Telephone number for contact person named previously

SECTION 2 - SITE INFORMATION

Facility identification number: This is the number assigned by the Underground Storage Tank section for your facility.

Date incident reported to IDEM: This date, if not known, can be obtained from the Leaking Underground Storage Tank section at (317) 308-3064.

LUST incident number: This is the number assigned to your site when you reported the incident to IDEM. If you do not know this number, it can be obtained from the Leaking Underground Storage Tank section at (317) 308-3064.

Name of facility: This should be the name listed under Section II of your "Notification For Underground Storage Tanks" form.

LUST project manager: If your site has been assigned to a LUST project manager, list his/her name here. If you do not know the name of your project manager, enter "unknown" or "not applicable". Not all sites are assigned to LUST project managers.

Address of facility: This should be the address listed under Section II of the "Notification For Underground Storage Tanks" form.

RISC APPLICATION INSTRUCTIONS

SECTION 3 - REQUEST INFORMATION

Identify the type of claim application: Read the descriptions provided and check the box next to the type of claim you are submitting. Check only one box. If you are submitting more than one claim type, you must submit a separate claim application for each type. Note: For Complete RISC Claim Resubmittals or Resubmittals of Denied RISC Costs, you must also include (1) the original amount requested (from the original claim submittal) and (2) the date of the IDEM decision letter relating to that previous claim in the spaces provided on the

Initial RISC application - Submit the RISC Application form, Invoice Summary, proof of payment (either the Payment Affidavit and Invoice Summary for Payment Affidavit or copies of the front and back of cancelled checks), RISC Pay Request(s), invoices listed on the invoice summary, and supporting documentation (ex. subcontractor invoices, receipts, boring logs, well logs).

Subsequent RISC Claim Application - Submit the same forms and documents as required for Initial RISC applications (see above).

Resubmittal of Denied RISC Costs - Submit the RISC Application form, Invoice Summary, proof of payment (either the Payment Affidavit and Invoice Summary for Payment Affidavit or copies of the front and back of cancelled checks), Pay Request(s) for Resubmittal of Denied RISC Costs, invoices listed on the invoice summary, and supporting documentation (ex. subcontractor invoices, receipts, boring logs, well logs). The claimant must also submit a copy of the IDEM Decision Package received for the original claim (the decision letter and Cost Review Summary). The claimant should note that Resubmittal claim applications are reviewed as stand alone claims. All documentation necessary to approve costs should be included (invoices and back-up).

Complete RISC Claim Resubmittal - Submit the same forms as required for Initial RISC applications (see above.) The claimant should also include a copy of the IDEM Decision Package received for the original claim (the decision letter and Cost Review Summary) and a letter explaining why your claim is now eligible for reimbursement by the ELTF (with supporting documentation). You do not need to resubmit invoices and supporting invoice documentation.

Type of eligibility from the ELTF: In order to receive money from the ELTF, one of the situations listed should apply to this site. Check only one box on the Application form.

Emergency response - The work for which payment is sought was performed in response to a petroleum release that created the need for emergency action to abate an immediate threat of harm to human health, or the environment. A completed (signed by an IDEM project manager) "Confirmation of Emergency Response Status" form must be submitted with your ELTF application in order to be granted this type of eligibility.

Site characterization - The work for which payment is sought was completed to characterize the site in accordance with the Underground Storage Tank Branch Guidance Manual.

Approved CAP - A Corrective Action Plan has been approved or deemed approved for purposes of ELTF eligibility by IDEM.

No further action required - IDEM has determined that no additional corrective action activities are necessary. You must provide a copy of your "No Further Action" letter from the IDEM LUST section.

The site conditions do not warrant the preparation of a Corrective Action Plan. You must provide documentation that IDEM has decided that a CAP should not be prepared.

If more than one of these conditions has occurred, indicate which occurred most recently. For example, if IDEM has determined that the site has been fully characterized, then approves a CAP, you would indicate that a CAP has been approved.

RISC APPLICATION

INSTRUCTIONS

SECTION 4 - DEDUCTIBLE

Deductible: All claimants are required to pay a deductible prior to reimbursement. Read the descriptions provided and indicate which of the three deductible levels applies to the site. Submit supporting documentation as requested.

SECTION 5 - PAYMENT

Complete this section if you would like a joint check to be issued from the ELTF, otherwise write "not applicable." In the box requesting the name of the party that incurred the remediation expenses, the claimant should identify if they or the second party were responsible for meeting the costs requested in this application. IDEM will use the Federal Tax ID number of the party identified.

PART 2 - CONFIRMATION OF EMERGENCY RESPONSE STATUS

See instructions on form.

SECTION 1 - APPLICANT INFORMATION

See instructions above for the applicant information section on the Application Form.

SECTION 2 - SITE INFORMATION

See instructions above for the site information section on the Application Form.

SECTION 3 - SITE CONDITIONS

Check all of the conditions present at the site at the time of the emergency response activities.

SECTION 4 - REPORTS SUBMITTED

Of the reports listed, indicate which reports have been submitted to IDEM as a result of this incident.

RISC APPLICATION INSTRUCTIONS

PART 3 - RISC PAY REQUEST

The purpose of the RISC Pay Request form is to itemize any / all charges requested for reimbursement in an initial or subsequent claim application.

Definition of Terms

1. **Description** - List the item for which you are seeking reimbursement.
2. **Task Performed** - Describe the activity for which the item was used.
3. **Units** - The number of units requested
4. **Unit Type** - The type of unit requested (*ex. hours, days, tons, gallons*)
5. **% Mark-up** - Specify percentage of consultant mark-up for subcontractor or equipment purchase costs, if any.
6. **Amt Requested** - Amount claimed
7. **Amt Allowed** - To be used by ELTF staff only
8. **Ref** - To be used by ELTF staff only
9. **Subtotal** - The total costs requested for this page
10. **Total Requested for this Invoice** - Once you have listed all the costs associated with an invoice, enter the total costs requested

Expense Types

For the following expense types, please provide the information requested in the manner described below:

Bid Expenses - Do not itemize bid costs. Enter "bid item" in the Description column. In the Task column enter a description of the bid activity (*ex. Installation of a pump and treat remediation system*). In the Units column enter "1". In the Type column enter "lump sum". Reimbursement for Corrective Action costs performed after February 8, 1997, will be reimbursed on the basis of the lowest of three competitive bids on the work specified in the Corrective Action Plan that is approved or deemed approved by the Department. Copies of the three bids must be provided for evaluation; however, information from the three bids does not need to be summarized or listed on the "Pay Request", or anywhere else on the application.

Disposal Expenses - Enter type of material being disposed in the Description column (*ex. soil disposal*). In the Task column enter the source and nature of the material (*ex. petroleum contaminated soil generated during monitoring well installation*).

Mileage / Vehicle Expenses - In the Description column enter the type of cost requested (*ex. car mileage, pick-up mileage, drill rig mobilization*). In the Task column enter the purpose of the trip (*vehicle mileage for monitoring well sampling, mobilization of drill rig for monitoring well installation*).

Soil Boring / Monitoring Well Expenses - Each monitoring well or soil boring should be listed as a separate line item. Monitoring well and soil boring expenses may include the following charges:

1. personnel time for one technician and one driller
2. decontamination
3. linear drilling expenses
4. well materials (filter pack, riser)
5. flush-grad well cover
6. conversion to monitoring well
7. concrete / asphalt cutting expenses

RISC APPLICATION INSTRUCTIONS

8. split spoon sampling
9. well development
10. surveying

These costs are to be figured into the cost for completion of a soil boring / monitoring well (expenses must be itemized on the corresponding invoice). The cost per well should be divided according to the depth and associated personnel and materials. In the Description column enter what was installed, include the well diameter (ex. soil boring, 2" monitoring well, 8" recovery well). In the Task column enter the name of the soil boring or the well installed and if the well was installed with a well cover (ex. installation of SB-2, installation of MW-3 with well cover). In the Units column enter the depth of the soil boring or well. The Unit Type should be linear feet. Please submit soil boring and well logs.

Lodging and Per Diem Expenses - In the Description column enter the type of travel cost requested (ex. per diem, lodging). In the Task column enter the person and activity associated with the travel cost (ex. technician to log soil borings). NOTE: Maximum amount allowed per day is \$24.00 for per diem expenses.

Subcontractor Expenses - These costs should be itemized. Specify the percentage of consultant mark-up for subcontractor costs, if any. **Provide subcontractor invoices.**

Excavation / Transportation & Hauling / Stockpiling / Backfilling Expenses - In the Description column enter the type of activity (ex. soil excavation, transportation of soil, soil hauling, soil stockpiling, backfilling, hauling backfill to site). These costs will include equipment and labor charges. In the Task column identify the under what circumstances the soil was removed (ex. contaminated soil encountered during UST removal, contaminated soil encountered during remediation system installation). For hauling list the number of tons and miles hauled in the Units column (ex. 40 / 100). In the Unit Type column you will enter "tons / miles".

Laboratory Expenses - In the Description column enter the method performed and the matrix (ex. *TPH GC/FID 8015 - Modified (Calif.) - soil*). In the Task column enter the reason the analysis was performed (*site characterization, remediation system evaluation*).

Disposable Materials / Miscellaneous Equipment Expenses - In the Description column enter the type of material or equipment purchased (ex. gloves, plywood). In the Task column enter the use of the item (ex. system hook-up, system housing construction material). In the Mark-up column enter the amount of mark-up applied to the actual purchase price of the item or service.

Equipment Rental and Capital Expenditures - In the Description column enter the type of equipment rented or purchased (as part of a corrective action plan). Include operating costs associated with the remediation equipment. In the Task column enter the use of the item (ex. remediation system installation). In the Units and Unit Type columns enter the amount of time the equipment was rented for or the number of items purchased (ex. 4 hours, 1 pump). In the Mark-up column enter the amount of mark-up applied to the actual purchase price of the item.

Personnel Expenses - In the Description column enter the ELTF classification for the personnel requested (ex. senior project manager, project manager, staff project person, senior technician, technician, drafting person, word processor, other clerical support). If you are unsure of the ELTF classification for a particular position or job title, please contact the ELTF section for clarification. In the Task column enter the activity the person was performing (ex. CAP preparation, general project management). In the Units column enter the number of hours the employee spent performing this task.

Tank Removal Expenses - All tanks removal costs must be itemized. The claimant must provide the number and size of tanks removed.

RISC APPLICATION

INSTRUCTIONS

PART 4 - PAY REQUEST FOR RESUBMITTAL OF DENIED RISC COSTS

Complete this form for the resubmittal of denied costs. Do not complete this form for Complete Claim Resubmittals. See instructions on form.

Definition of Terms

1. **Item Number** - The number assigned by IDEM to each of your costs on the Cost Review Summary report. IDEM generated the Cost Review Summary report during the processing of your original claim application.
2. **Reason(s) for Reconsideration of Denied Cost** - Explain why this cost should be approved for reimbursement by the ELTF.
3. **Attachments** - If you need additional documents assign a unique number to each document. Write that number on the document and in the Attachment column.
4. **Amt Denied** - Enter the total amount denied by the ELTF during the previous review of this cost.
5. **Amt Requested** - Of the total amount denied by the ELTF during the previous review of this cost, enter the dollar amount for which you are seeking reevaluation.
6. **Amt Allowed** - To be used by ELTF staff only
7. **Ref** - To be used by ELTF staff only
8. **Subtotal** - The total costs requested for this page
9. **Total Requested for this Invoice** - Once you have listed all the costs associated with an invoice, enter the total costs requested.

PART 5 - AFFIDAVIT

The affidavit and invoice summary sheets may be used when cancelled checks are difficult to provide as proof of payment for correction action costs.

INVOICE SUMMARY

INSTRUCTIONS: The following summary represents all invoices which reflect costs incurred during corrective action. The list will be utilized to verify that all costs represented on the accompanying pay request forms have been presented in an original invoice. Please provide the information as it is formatted below. Proof of payment will be represented by canceled check or affidavit. **NOTE: If proof of payment is offered by an affidavit, we reserve the right to request checks for this claim.**

Name of Claimant	ELTF Number					
TO BE COMPLETED BY APPLICANT						
NAME OF VENDOR	INVOICE NUMBER	INVOICE DATE	INVOICE AMOUNT	PROOF OF PAYMENT		
SUBTOTAL (this page)						
TOTAL OF ALL INVOICES SUBMITTED						

RISC PAY REQUEST

INSTRUCTIONS: Complete this form for all initial and subsequent claim applications. Do NOT complete this form for resubmittal or eligibility determination applications. **Only list costs associated with one invoice on each pay request.**

In the DESCRIPTION column, list the item for which you are seeking reimbursement (ex. mileage, technician, backhoe rental). **For personnel, please use one of the following ELTF personnel classifications: senior project manager, project manager, staff project person, senior technician, technician, drafting person, word processor, or other clerical support.** In the TASK PERFORMED column please describe the activity for which the item was used (ex. installation of 4 - 2" diameter 10 L.F. monitoring wells, hauling 20 tons of contaminated soil 10 miles to disposal facility, preparing CAP). Only list one item and one task per line. **For detailed instructions on completing this form please see page 4 of the Instructions for Completing Application.**

Invoice Number	ELTF Number	Name of Claimant				Name of vendor	
TO BE COMPLETED BY APPLICANT						TO BE COMPLETED BY IDEM	
DESCRIPTION	TASK PERFORMED	UNITS	UNIT TYPE	% MARK-UP	AMT REQUESTED	AMT ALLOWED	REF
SUBTOTAL (this page)							
TOTAL REQUESTED FOR THIS INVOICE							

INSTRUCTIONS:

Complete this form for resubmittal claim applications. **Do NOT include new costs or costs that have been previously allowed.** In addition to this form please submit the claim application form, a copy of the Cost Review Summary report generated by IDEM during the processing of the original claim application, proof of payment, copies of invoices, and supporting documentation (subcontractor invoices, receipts, soil boring logs, well logs). You do NOT have to complete this form for Complete Claim Resubmittals.

The ITEM NUMBER below refers to the number assigned by IDEM to each of your costs on the Cost Review Summary report. The AMT DENIED refers to the amount denied in the original claim application, of this amount enter the costs for which you are seeking reimbursement in the AMT REQUESTED column. If you need to include additional documents assign a unique number to each document. List the document number in the ATTACHMENT column.

[illegible]

**THE INDIANA UNDERGROUND STORAGE TANK
EXCESS LIABILITY TRUST FUND**

STATE OF INDIANA

COUNTY OF _____ } SS:

AFFIDAVIT REGARDING PAYMENT OF COSTS

_____, being of sound mind and majority, and being duly cautioned and sworn in accordance with law (*in accordance with IC 13-7-20-27, IC 13-7-13-1 and IC 13-7-13-3, I may be subject to criminal and civil penalties for submitting false and/or inaccurate information on this affidavit*) make the following statement based upon personal information and under penalty of perjury:

1. I certify that I am the owner/operator or am an employee of the owner/operator of a site for which claim (ELTF number _____) has been submitted to the Indiana Excess Liability Trust Fund for underground storage tanks.
2. All costs incurred for the identified claim, as reflected in the attached invoice summary listing, have been paid and the cancelled checks for the same are maintained on file with my company for at least five (5) years. *
3. The following is a correct business address and telephone number at which I can be reached:

Address (number and street or rural route)		Telephone number
City	State	ZIP code
Signature of affiant		Date signed (month, day, year)

STATE OF INDIANA

COUNTY OF _____ } SS:

Sworn to and subscribed in my presence this _____ day of _____,
19 _____

Signature of Notary Public	County of residence
Printed or typed name of Notary Public	Date commission expires

* The Indiana Department of Environmental Management reserves the right to require cancelled checks as proof of payment at any time.

INVOICE SUMMARY FOR AFFIDAVIT

[illegible]

CONFIRMATION OF EMERGENCY RESPONSE STATUS

State Form 50028 (2-01)

INSTRUCTIONS

To be submitted by an owner or operator seeking reimbursement from the Excess Liability Trust Fund for emergency response activities pursuant to Indiana Code 13-23-8-4(b)(1).

Please complete the following form and forward to the IDEM LUST section or Emergency Response section for concurrence by your project manager. Your project manager will complete this form and return it to you for submission with your claim application. Prior to the approval of site characterization activities or a Corrective Action Plan (CAP) in accordance with the UST Guidance Manual, costs cannot be reimbursed unless the necessity of emergency activities is verified by an IDEM project manager no more than thirty (30) days prior to submitting the claim application. **Approval of this form by an IDEM project manager does not guarantee the eligibility of future submittals to the ELTF. This form must be submitted prior to filing each emergency response claim application.**

TO BE COMPLETED BY CLAIMANT

SECTION 1 - APPLICANT INFORMATION

Name of applicant	Mailing address of applicant (<i>number and street, city, state ZIP code</i>)	
Name or contact person	Contact telephone number (<i>with area code</i>)	Contact fax number (<i>with area code</i>)

SECTION 2 - SITE INFORMATION

Name of facility	Date incident reported to IDEM (month, day, year)	LUST incident number
------------------	---	----------------------

Address of facility (*NOTE: enter a physical address. P.O. Box numbers should not be used*)

SECTION 3 - SITE CONDITIONS (*check all that apply*)

<input type="checkbox"/> Inhabitable buildings affected	<input type="checkbox"/> Free product or sheen present in conduits or surface water
<input type="checkbox"/> Drinking water affected	<input type="checkbox"/> Utility lines affected
<input type="checkbox"/> Vapors present in buildings or conduits	<input type="checkbox"/> Other _____

Note: Conditions where free product is not leaving the site and/or there are no receptors will **NOT** be considered emergency conditions.

SECTION 2 - REPORTS SUBMITTED (*check all that apply*)

<input type="checkbox"/> Initial Abatement Report	<input type="checkbox"/> Progress Reports
<input type="checkbox"/> Free Product Recovery Report	<input type="checkbox"/> Other(s) _____

I swear or affirm under penalty of perjury, to the best of my knowledge and belief, that these statements are true and accurately represent the conditions around the site in question. I understand that pursuant to Indiana Code 13-7-20-27, 13-7-13-1, and IC 13-7-13-3 I may be subject to criminal and civil penalties for submitting false and/or inaccurate information on this application

Signature of applicant	Date signed (month, day, year)
Printed Name	Title

TO BE COMPLETED BY IDEM PROJECT MANAGER

<input type="checkbox"/> I concur that the site conditions reported above are true and accurately represent the conditions at the site in question and constitute an emergency response situation.
<input type="checkbox"/> The conditions at the site do not constitute an emergency response situation.

Comments: _____

Signature of IDEM project manager	Date signed (month, day, year)
-----------------------------------	--------------------------------

Please fax completed forms to (317) 234-0428 or mail to:

The Office of Land Quality
Excess Liability Trust Fund
100 N. Senate Ave.
P.O. Box 7015
Indianapolis, IN 46207-7015